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THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS



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Fitzgerald, G.: Dental Digest 62:494 (Nov.) 1956.
 Abel, I.: Oral Surg. 11:491 (May) 1958.
 Toto, F. D., et al.: J. Periodontology 29:192 (July) 1958.
 Burman, L. R., and Goldstein, A.: J. Periodontology 32:257 (July) 1961.

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YOU ... and the News



- Organize? It's already starting to pay off for New York City's Doctors Association. Composed of Health Department dentists and physicians, it's the first certified bargaining agent for doctors in the country. The group has already won a \$1,200 annual raise for full-time employes. Part-timers will get an extra \$4 for each session they work, plus twelve days of paid sick leave a year.
- To cut taxes when you cash in part of your gain on a stock, tell your broker exactly which of the shares to sell. Then get written confirmation from him. If you bought different lots at different prices, the I.R.S. assumes that the first lot bought is the first lot sold. But you'll pay the lowest tax if you sell the highest-cost shares.
- Where to look for the growth stocks of the future? According to a new poll of professional security analysts, your best bets for the next five years lie in electrical and office equipment, electronics, and pharmaceuticals. The worst prospects: railroads, automobiles, steel, nonferrous metals, and rubber.
- Go for broke: Pressure from doctors' collection agencies is largely behind the rising flood of personal bankruptcies, reports Linn K. Twinem, chairman of the Amer. Bar As-

DENTAL MANAGEMENT . OCTOBER 1961

YOU . . . AND THE NEWS

sociation's bankruptcy committee. The rate has increased 300 per cent in the last decade, with no letup in sight. Instead of bankruptcy, Twinem recommends "Chapter XIII petitions." The patient pays his bills over a three-year period, through regular deposits made with a trustee. You get your money; the patient salvages his credit standing.

- The new real estate investment trusts are finally starting to roll.

 Fifteen have registered with the S.E.C., and five of those have already gone into effect. Through these trusts, you can buy a diversified slice of real estate managed by professionals—the same way you get stocks through a mutual fund. If interested, check with your broker for copies of the new trusts' prospectuses.
- Sure you have enough insurance against fire? Better check next time you renew. A house priced at \$15,000 in 1950 would cost about \$21,000 to replace today. Now you can get a policy that'll pay the full replacement cost of fire damage, with no deduction for depreciation. But you must be insured for the full value of your house.
- Pick your investment objective—capital gains, stability, or income—before you pick your mutual fund. No one fund can be tops in all three, reports Forbes Magazine. The leaders, according to the Magazine's latest annual boxscore: for capital gains, Keystone S-4, Keystone S-3, Group securities—Aviation; for stability, Franklin Custodian-Utilities, Fund of America, Nation-Wide Securities; for income, Kerr Income, Income Fund of Boston, Institutional Income.

DENTAL MANAGEMENT . OCTOBER 1961



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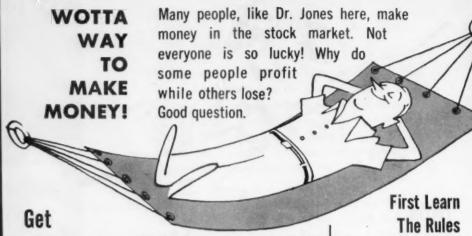
References: 1. Rankin, K.R.: Dental Digest 65:356 (Aug.) 1959. 2. Albertson, G.L.: Oral Surg., Oral Med., and Oral Path. 12:438 (Apr.) 1959. 3. Irby, W.B., and Baldwin, K.H.: Dental Survey 34:1456 (Nov.) 1958. 4. Shore, N.A.: J. Prosthetic Dentistry 10:366 (March-Apr.) 1960.

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THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS

Vol. 1, No. 10

October 1961

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THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS, OCTOBER 1961

The Publisher's

VIEW

The Most Helpful

Where should you turn for help with your practice management problems?

To find out where you actually do turn, the independent research firm of Nowland and Company recently polled a cross-section of practicing dentists. The Company—which has conducted similar surveys for such organizations as Life magazine, N.B.C., Shell Oil, and du Pont—sent a questionnaire to every fortieth name on the list of practicing dentists maintained by the mailing firm of Clark-O'Neill, Inc. Perhaps you received one of the forms yourself.

Nowland verified the responses for statistical accuracy, to make sure that all age brackets and all sections of the country were fairly represented. The questionnaire asked several things about four different magazines. Here are the results:

Which magazine do you spend the most time reading?

Journal of the ADA	32.2%	
DENTAL MANAGEMENT	31.6	
Dental Survey	15.3	
Oral Hygiene	12.8	
No preference or answer	8.1	

Which magazine do you find the most interesting to read?

DENTAL MANAGEMENT	40.7%
Dental Survey	18.6
Oral Hygiene	17.4
Journal of the ADA	15.5
No preference or answer	7.8

Which magazine helps you most with the financial and practice management aspect of your practice?

DENTAL MANAGEMENT	57.3%
Dental Survey	11.4
Oral Hygiene	10.2
Journal of the ADA	7.1
No preference or answer	14.0

DENTAL MANAGEMENT . OCTOBER 1961

THE PUBLISHER'S VIEW

Of course, we're pleased with that result, achieved after only six months of publication. We'd like to take credit for it but honesty (not modesty) prevents it.

About one-third of the articles appearing in Dental Management to date were authored by practicing dentists, another third by independent investment, tax, and practice management au-

thorities. And virtually all articles were triggered by letters and requests (more than 60,000 so far) from the dentist-readers.

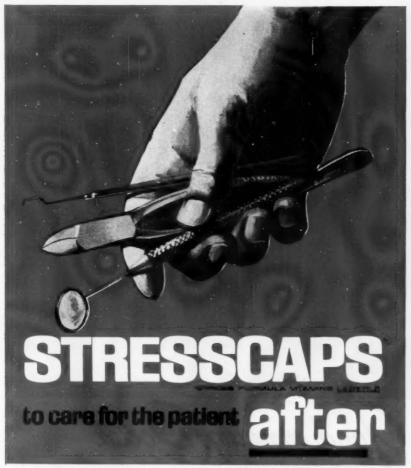
As a clearinghouse of practice management ideas and information, Dental Management can never be better than *you* want it to be.

Your past help is appreciated; your future help is solicited. END

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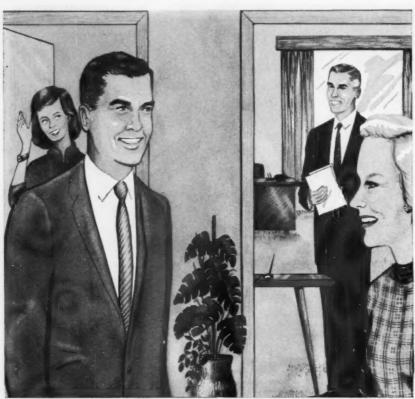
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dental management

THE NATIONAL BUSINESS MAGAZINE FOR DENTISTS, OCTOBER 1961

One number is not the same as any other in quoting fees. Here's how to find the 'good' figures

BY BEN L. LOVENTHAL

YEARS AGO, during the depression of the '30's, complaints about fees were far more common than they are today. But I noticed an astounding thing about the complaints received by one client served by

my professional management firm.

The man (he happened to be an M.D.) shared space with a young physician who often assisted him at surgery. When he did, the physician paid the young

The author, a member of the Society of Professional Business Consultants, is a partner in the Service Bureau for Doctors, Louisville, Ky.

DENTAL MANAGEMENT • OCTOBER 1961

YOUR FEE: ODDS OR EVENS?

man \$15 for assisting, and tacked a \$15 charge on to the patient's bill. So if the normal fee for a procedure was \$100, the surgeon would charge \$115; if the bill was usually \$200, the surgeon would charge \$215.

The surgeon received the average number of complaints about his \$100 and \$200 bills. But hardly anybody complained about the \$115 and \$215 charges. The condition was so pronounced that we made a detailed study of the man's fees. Our findings: he had received proportionately twelve times as many complaints about the \$100 fees as about the \$115 fees.

Those results were so dramatic that we convinced a number of dentists and physicians to quote fees in odd amounts. After a few years of experience, we could name the figures that produced the most patient resistance, and those that produced the least.

For smaller cases, we found that figures ending with \$1, \$2, \$3, \$4, \$6, \$7, and \$8 were more acceptable than \$5, \$10, \$15, etc. That went on all the way up to \$98. And numbers like \$104,

\$106, and \$108 met less resistance than \$100 for the same work.

Going up higher, we found the preferable figures to be \$110, \$115, \$135, \$165, \$185, \$195, \$210, \$215, \$235, \$265, \$285, \$295 and so on, up to the \$500 range. The undesirable figures were \$50, \$75, \$100, \$125, \$175, \$200, \$250, \$275, \$300, etc.

How to Round Off

Strangely enough, we found that the really high figures could be rounded off to the hundred dollars—as long as it was an odd hundred dollars. The following all proved to be good, readily accepted figures: \$600, \$700, \$800, \$900, \$1,200, \$1,600, \$1,800. The numbers \$1,000, \$1,500, and \$2,000 are not as good. The pattern continues all the way up; a \$3,300 fee is more readily accepted than a \$3,000 charge for the same work.

Why is all of this so? I suppose it would take a specialist in abnormal psychology to find out. Perhaps it's because people are used to paying odd amounts for the other things they buy; perhaps it's because they feel the fee is calculated precisely and not just picked out of the air. I don't know for sure. I'm only reporting what I've observed in more than thirty years of working with dentists. The results are too conclusive to be doubted.

Does all of this mean that I recommend you systematically overcharge every patient by \$10 or \$15, just so you can quote an odd fee? No, indeed. But if a \$115 charge is more likely to be accepted than a \$100 one, why not charge the \$115. Then after you've completed the work, if you feel the fee was too high, you can simply tell the patient that the treatment was less complicated than you anticipated and you're reducing your fee by \$15.

Try that some time if you want to build a patient's respect and loyalty, and to convince him of the essential fairness of your fees. And, of course, you're protected if the work turns out to be more complicated and time-consuming than you expected. You just let the original fee you quoted stand.

But never quote a fee in the

form of a range. For example, don't say that the work will cost between \$100 and \$115. The patient will only remember the lower figure. If the final bill turns out to be \$101, he'll complain of an overcharge. It's far better to quote the \$115 fee at first, and then reduce it if circumstances warrant.

Either way it goes, odd fees are best for you and best for the patient. He'll more readily accept the dentistry he needs, and you're protected against unexpected complications.

To Tell the Truth

Never mind wiping that grin off your face, Doctor. Just give the rest of us a chance to chuckle, too.

You send in the facts; we mail you a bit of pocket money (if your anecdote appears in DM). Address:

DENTAL MANAGEMENT, Ridgeway

Center Bldg., Stamford, Conn.



This new retirement program allows you to travel your own savings-investment path, more cheaply and efficiently than you ever could before

BY MARTIN GEYLIN

WHAT's the best route to retirement security? Is it via common stocks—which offer a chance for capital gains, but also the risk of capital loss? Or is it via fixed-dollar investments—sav-

ings accounts, bonds, annuities, and the like—which protect you against loss but offer little chance for appreciation?

If you put those questions to a dozen different investment au-

DENTAL MANAGEMENT . OCTOBER 1961

thorities, you're likely to get a dozen different answers. But one principle they'll all probably agree on—balance. In some manner and in some degree, you should hold both—equities for growth, fixed-income investments for safety and stability.

But the toughest question remains—how to set up a balanced retirement program wisely and economically.

There is a new way, just opening up to the dental profession. The plan was originally set up at the initiative of the American Academy of General Practice, a national organization of 27,000 family physicians. But all professional associations can join it. One dental society already has, and others are considering it also. The plan was designed and is administered by R. B. Jones and Sons, a 72-year-old Kansas City, Missouri, insurance firm. So for simplicity we'll call it the Jones Plan.

"We concluded that an adequate retirement program had to accomplish two things," says Alfred J. Hoffman, vice president of Jones. "First, it had to provide a man with some income for the rest of his life, and the life of his wife if he chooses. Second, it had to provide the best possible protection against future inflation.

"For number one, we decided on a fixed-dollar annuity plan. For the second, we decided on a broadly-diversified common stock investment. There's no way to insure against inflation but, in the past, good common stocks have offset the shrinking value of the dollar."

So as the plan stands, it has two separate elements, a mutual fund and an insurance annuity. The mutual fund is a new investment company set up primarily for the Jones Plan, and it offers fund shares for much less than the "loading" charge levied by most others. The insurance annuity is a group-type arrangement offering a guaranteed retirement income, also at favorable premium rates.

You decide for yourself how much money you want to set aside each month or quarter for retirement. And you also decide how you want the money divided between the two investment me-

FOR A BALANCED RETIREMENT INCOME

dia-all in the mutual fund, all in the annuity, or split up in any way you want.

Since the two different parts of the plan are separable, let's look at each individually:

1. The Mutual Fund. The fund is called the Associations Investment Fund. It's like other mutuals, except that it's new and was set up primarily as an investment vehicle for the Jones Plan. Instead of the 7½ or 8 per cent you're charged to buy most other mutual fund shares, the Associations Investment Fund charges 6 per cent on the first \$1,000 you invest, 2 per cent on anything you invest over that.

Managed by Babson

The Fund's investments are managed by David L. Babson & Company, a Boston counselling firm. It now manages investment accounts totalling almost half a billion dollars, including the Aberdeen Mutual Fund, one of the most consistently successful growth-stock mutual funds.

Why a new mutual fund for the Jones Plan? The Securities and Exchange Commission is the reason. Several years ago, a few professional groups negotiated special low commission rates for mass purchases of mutual fund shares. But then the S.E.C. stepped in and ruled that illegal. It held that a fund could not offer a special preferential rate to one group that it did not offer to everyone. Thus, a new fund had to be set up, essentially directed to professional associations, and offering the same low commission charge to all.

Payments to the Associations Investment Fund can be made at any time and in any amount (above a low \$15 minimum) you choose. The whole idea is to make steady, regular purchases, but you don't have to. The custodian of the plan, the City National Bank and Trust Company of Kansas City, holds the Fund's portfolio of securities, cash, and other assets.

The Fund's investment goal is long-term gain, with immediate income secondary. In fact, unless you specify otherwise, all dividends are automatically reinvested. There's no commission charge at all for that.

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FOR A BALANCED RETIREMENT INCOME

You can cash in your holdings any time you want, taking a lump sum in cash. Or, you can arrange to have your shares redeemed in installments, so you can get the money back over a period of years. Or, you can switch the cash to the other part of the plan, and buy an annuity with it.

"We built in as much flexibility as possible," says Alfred Hoffman. "We had to. The income of dentists and other professional people can fluctuate quite a bit. Under the plan, a man can start or stop payments whenever he wants, and get his money back at will. There's no penalty anywhere along the line, as there is with some other mutual fund accumulation plans."

2. The Annuity. This part of the plan is underwritten by the



"We'll locate and handle your delinquent accounts with courtesy, discretion and tact, Doctor."

DENTAL MANAGEMENT . OCTOBER 1961

Connecticut General Life Insurance Company, one of the oldest and largest in the country. It guarantees you an income for life; you can't outlive it. You pick the age at which payments begin, and also the way the money is to be paid out.

For example, you could pick a "10-year certain" plan. Under it, vou're sure to receive at least ten vears of income from the annuity. If you die before receiving it, your survivor gets the rest. If you live longer, payments continue for the rest of your life.

Or, you could choose a "joint and survivor" plan. Under that, both you and your wife are guaranteed an income for as long as either one of you lives.

The size annuity you get depends, of course, on how much you've contributed to the plan, your age when you contributed it, the age you retire, and the pay-out method you pick. The premium rates are lower than you could get for yourself on a similar individual policy.

Below is a sample of what your annuity contributions could buy. The table assumes you start contributing \$100 a month at the listed ages, continue until you retire at age 65 or 70, and then begin to draw payments under the "10-year-certain" plan.

The annuity plan has the same kind of flexibility built into it as the mutual fund. The assumption is that you'll invest a fixed amount each period and leave it until you're ready to retire. But within broad limits, you can put in any amount you want, when

If you start contributing at age		ch a month after at age
	65	70
30	\$480.89	\$695.66
35	374.87	551.83
40	284.74	429.73
45	208.09	326.07
50	142.91	238.05
55	87.42	163.28

DENTAL MANAGEMENT • OCTOBER 1961

FOR A BALANCED RETIREMENT INCOME

you want, and draw out your accumulated investment when you please.

That accumulation—your "cash value" in the policy—draws interest at a guaranteed minimum rate of 3½ per cent. And it compounds tax free. You're taxed on that interest only when you receive it, normally after you retire. The rest of the annuity is tax free, since it's really your own money coming back to you.

Mechanics Simple

The mechanics of investing in either the mutual fund or the annuity are simple enough. The minimum is \$15 a month for each plan, \$30 if you participate in both. The payments can be made monthly, quarterly, semi-annually, annually, or at random. You send in your check to the plan administrator, and it's divided between the mutual fund and the annuity plan, according to your order. You get back a statement recording the payment, and showing the cumulative record of all your past contributions.

What would happen to your retirement program if you gave

up your dental society membership? You could go right on buying shares in the mutual fund, but you could no longer invest in the annuity. You could leave in your past annuity contributions and collect the income when you retire. Or, you could take out the money whenever you want in a lump sum.

How has the Jones Plan worked out so far? For the physician-members of the American Academy of General Practice, the plan went into effect just about one year ago. Some 1,200 physicians now belong, each investing an average of about \$1,000 a year in both plans.

During the first year of operation, the Associations Investment Fund showed a 16.8-per cent gain in net asset value per share, which is impressively more than the 12.7-per cent increase in the Dow Jones Industrial Average over the same one-year period. The annuity part of the plan, of course, does not fluctuate in value.

Where do dentists fit into the plan? As yet, only one dental group, the Los Angeles Dentists



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FOR A BALANCED RETIREMENT INCOME

Retirement Association, has joined. And it participates in only the mutual fund feature of it.

The LADRA program was launched last December, with all 4,500 members of the Southern California Dentists Association eligible to join it. As of August 1, one hundred dentists were participating.

Actually, the LADRA goes

back a good deal further than that. It was organized by five Los Angeles dentists in 1956, as a systematic means of investing for retirement. Some 450 men set aside almost \$2,000,000 in mutual fund shares. Then came the S.E.C. ruling, prohibiting special rates for large-scale buyers. It was then that LADRA turned to the Associations Investment Fund, which offers the low 2 per cent commission rate to all.

Can you, too, participate in the plan? You can join the mutual fund as an individual. But you can participate in the annuity only if your dental society agrees to sponsor it. You can't join individually.

The annuity portion of the plan is now available in all states except Ohio. The mutual fund portion had to be registered with each state securities department. It's now been approved in all states except Alaska, Idaho, Montana, New Hampshire, North Carolina, and Wisconsin. And those states are expected to okay it soon.

Then there's the Keogh Bill to think about. If Congress ever

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In 1958 Fidelity Bankers Life Insurance Corporation of Richmond, Virginia, underwrote the MIDAS plan of the Maryland State Dental Association.

After three complete years, a record of performance has been established which is both gratifying and promising.

Dentists, either as individuals or as officers, or as committeemen of dental associations, who have further interest in this concept may obtain information by writing the Administration Office, 1402 Court Square Building, Baltimore 2, Maryland.

Fidelity Bankers Life Insurance Corporation Richmond, Virginia

FOR A BALANCED RETIREMENT INCOME

does pass the measure, allowing you a tax deduction for your personal retirement savings, the Jones Plan would be adjusted to take advantage of it. Your contributions to the plan, within the limits of the law, would become tax deductible.

The entire plan, and the MIDAS plan sponsored by the Maryland State Association, will be aired this month at the American Dental Association annual meeting. It's hard to say how fast the idea will catch on. It should

appeal to many, because it can be adapted to so many different savings-investment programs.

For example, if maximum safety is your investment aim, you can put all of your money in the annuity portion of the plan. If you're willing and able to run some risks in the hopes of bigger gains, you can put most or perhaps all of your funds in the mutual fund.

As you see, the Jones Plan is only a vehicle. The direction it takes is up to you.

About the MIDAS Plan

For more than three years, the Maryland State Dental Association has had a retirement plan much like the Jones arrangement. Now, for the first time, it too is being made available to other professional associations.

Called the Midas Plan, the Maryland arrangement also gives participants a systematic means of balancing their retirement savings, with the economies of mass purchasing. But there are some significant differences between the Midas and the Jones Plans. Basically, Midas is a tripod:

The *first leg* is a mutual fund, which serves as a hedge against inflation. No sales commission or redemption fee is ever charged.

The *second leg* is a group annuity, which acts as a hedge against recession.

DENTAL MANAGEMENT • OCTOBER 1961

The *third leg* is a group life insurance, which hedges against death. Each participant is covered for \$10,000.

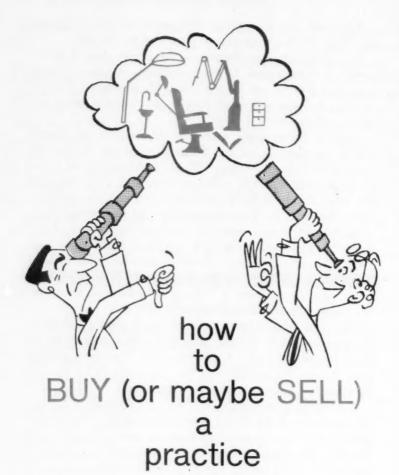
The minimum contribution to the MIDAS plan is \$25 a month, or \$300 a year. Of that minimum, the plan trustees apportion part to pay for the group life insurance. The remaining balance is divided equally between the group annuity and the mutual fund.

Suppose, for example, a 38-year-old member contributes \$25 to the plan. At his age, \$5 must go to pay for the life insurance. Of the remaining \$20, \$10 will be invested in the group annuity and \$10 in the mutual fund. If he deposits any more (up to \$1,500 is allowed each year), the excess is divided equally between the annuity and the mutual fund.

At the end of each year, the mortality experience of the group life insurance program is reviewed. If there's any refund, it's credited to the individual members and divided between the fund and the annuity. Last year, each contributing member received a 23.8-per cent tax-free return on his group life insurance deposits.

Thus, the MIDAS Plan has built-in safeguards which force the participants to balance their retirement savings on all three legs of the tripod. Under the Jones Plan, each participant decides for himself how his deposits will be divided between the annuity and the mutual fund.

"The MIDAS Plan is not a toy," says Dr. Conrad L. Inman, Jr., chairman of the Plan's Board of Trustees. "The retirement security of a professional man is a serious business, and shouldn't be subjected to whims. It shouldn't be a deferred spending account for the purchase of automobiles, fur coats, or yachts."



BY J. PAUL REVENAUGH

What is a practice worth? The buyer and seller look at it with different eyes and see things in different ways. Here's how they can come together, in a way fair to both



EACH year, several thousand men enter the market to buy a dental practice. Some are just starting their careers; others are changing their locations or switching from a salaried job.

Thousands of other men each year put their practices up for sale because of death, retirement, or other personal reasons.

Properly handled, a practice transfer can be a boon to both parties. For the seller, it's a chance to dispose of all his equipment at a fair market price, and cash in the goodwill he's been years a-building. For the buyer, it's a chance to step into an active practice without going through the countless

headaches of opening a fresh office.

How to bring buyer and seller together, in a way that's fair and equitable to both?

I'll answer that primarily in terms of the buyer. But if you're now or soon will be thinking of selling your practice, you'd better learn how to look at that practice through the eyes of a potential buyer.

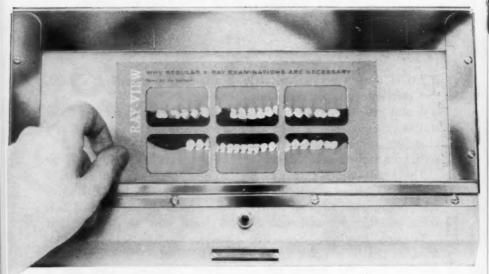
First question: Why buy a practice instead of setting up your own? There are some sizable advantages.

Someone else has spent hours poring over layout plans. Someone else has paid those big carpentry and plumbing bills.

The author, a member of the Society of Professional Business Consultants, is president of Professional Business Management, Inc., Chicago, Ill. He teaches dental practice management at Northwestern University, and has handled hundreds of practice sales in the last decade.

RAY-VIEW:

... free to the profession, on request

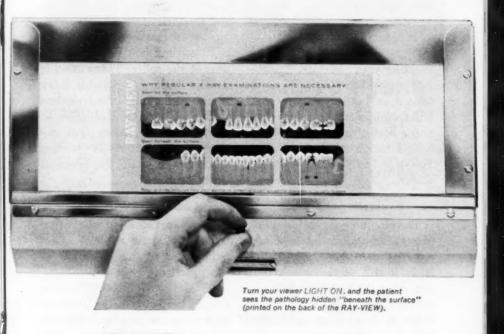


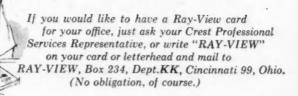
Place the RAY-VIEW card on your radiograph viewer with the LIGHT OFF... your patient sees a mouth with no apparent pathology.

"When a patient raises a vague objection to radiographs, it usually can be traced to ignorance and confusion," a Midwestern dentist told us. "Of course we can simply insist on x-ray pictures," he said, "but once a patient learns the benefits of radiographs, I get genuine cooperation, and a much stronger dentist-patient relationship." Professional attitudes like this led to the development of the Ray-View, a quick, memorable way to explain the need for radiographs.

As you know, your professional advice about home-care aids also is appreciated by patients. When it comes to selecting a dentifrice, many patients are confused because they do not understand the significance of the clinical studies that proved Crest's effectiveness. These patients continue to use regular toothpaste—when they could be benefiting from Crest's added protection against decay. (Studies have shown that Crest reduces the caries incidence by 21%-49% depending on conditions of use.)

patient teaching aid for radiographs







BUY OR SELL A PRACTICE

Someone else has sat around for weeks, perhaps months, waiting for the first patients to arrive. Generally, it costs no more to buy a practice than set up your own. And you do get an immediate income from the patients you take over. Even if the list is small, you have the nucleus for building your practice.

When you buy a practice, you take over both tangible things (files, equipment, furniture) and also a host of intangibles (goodwill, location, patient loyalty). You've got to evaluate each separately.

Evaluating Tangibles

The tangibles are easiest. Look over the equipment and see how old it is and what the condition is. Is it still serviceable or will it need reconditioning? Is it reasonably complete or will you have to buy many additional items?

You can have the equipment appraised by a reputable supplier, and get a fair dollar value put on it. Clearly, the practice should be worth at least the value of the tangible equipment.

Is it worth any more? That depends on the intangibles. Patient loyalty is the most important, and also the hardest to evaluate.

You'll find your best prospect in a practice that has been active up until the time of the sale. The worst prospect is a practice that's shrunk because of the illness of the seller. Thirty days is usually the longest possible delay if the seller has died, unless there's a shortage of dentists in the community. After that period, the practice is seldom worth more than the physical equipment.

Checking Intangibles

Here are some of the other things you'll have to check in deciding the intangible value of the practice:

1. The location. Of course, you'll look for the same things as if you were setting up a new office—the parking facilities, community income, number of other dentists in the area, etc.

In judging location, you have an advantage over the dentist starting out fresh. You can actually see the results of the location

IMPORTANT ANNOUNCEMENT:

Product names for Pfizer broad-spectrum antibiotics have been simplified

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Cosa-Terrabon* Oral Suspension

Cosa-Terrabon Pediatric Drops

and simpler names for these Terramycin-containing formulations:

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Cosa-Terrastatin for Oral Suspension

Cosa-Terracydin' Capsules

now named

Terramycin' Capsules"

Terramycin Syrup

Terramycin Pediatric Drops

Terrastatin[®] Capsules

Terrastatin for Oral Suspension

Terracydin^o Capsules

the name now is simply ...

formerly named

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Cosa-Tetrabon® Oral Suspension

Cosa-Tetrabon Pediatric Drops

and simpler names for these Tetracyn-containing formulations:

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Cosa-Tetrastatin for Oral Suspension

Cosa-Tetracydin Capsules

now named

Tetracyn° Capsules°

Tetracyn Syrup

Tetracyn Pediatric Drops

Tetrastatin* Capsules

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the name now is simply.

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formerly named

Cosa-Signemycin® Capsules

Cosa-Signebon® Oral Suspension

Cosa-Signebon Pediatric Drops

now named

Signemycin[®] Capsules

Signemycin Syrup

Signemycin Pediatric Drops

*Terramycin and Tetracyn Capsules without glucosamine are no longer available.



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BUY OR SELL A PRACTICE

—whether it really does attract the people in the neighborhood you want, whether they not only have the money for good dentistry but are willing to spend it, whether the competition is too severe.

2. The type of patients. In addition to checking such obvious things as their income, education, and the general level of dentistry they demand, check on how easily they can be transferred to you.

One young man bought a thriving Chicago practice a few years ago and, to his astonishment, promptly lost half the patients. He should have expected it. Most of the patients had once lived in town, but then moved to the suburbs. They continued going to their old dentist out of personal loyalty to him. But that loyalty went out the window once he sold out to a new man. They switched to dentists closer to them.

3. The type of practice. Does the selling dentist have high fees but relatively few patients, or low fees and relatively more patients. A high-fee practice offers little opportunity to a prospective purchaser. Reason: the mouths have been completely cared for. You won't get much income by retaining the patients.

A volume practice—500 to 700 active patients—is your best buy, even if the seller's fees have been a little on the low side. From that, you can shape your practice the way you want it.

But you're asking for trouble if you buy a practice and raise the fees immediately. Nothing alienates patients faster than a new (and usually younger) dentist substantially upping his predecessor's fees. You'd better keep your fees for fillings, prophylaxis, and X-rays at about the old level for a while at least. With prosthetic work, you have more leeway in raising fees to the community average.

Another thing to consider is whether the practice is specialized or general. Specialty practices depend on referrals, and that's hard to transfer unless, as in orthodontia, you have uncompleted contracts.

4. The selling dentist's reputation. He's endorsing you by selling you his practice. And in a sense, you're endorsing him by buying it. If he's had any personal difficulties in the community, some of that is going to rub off on you.

Will the selling dentist's patients continue to come to you? Yes they will, most of them at least, if the transfer is handled properly. People are creatures of habit and you should be able to retain a majority of the patients. With a start like that, plus your own new patients, you should be able to gross more than the outgoing dentist in the very first year of the take-over.

But that doesn't happen automatically. There are several things you can do to help the process along.

• Retain the same telephone number. When a patient calls the old number and finds it's disconnected, he automatically looks for another dentist. You can arrange with the telephone company, in advance, to take over the outgoing dentist's phone number.

• Retain the same assistant. Nothing gives an office quite the same feeling of continuity as the same assistant. If the assistant is reluctant to stay with you, it'd be worth your while to offer her a small bonus if she'll remain, say, six months. At the end of that time, when most of the patients have grown to know you personally, you and the assistant can decide whether it's mutually advantageous for you to continue together.

Don't Change Setup

• Make no drastic changes in the physical setup of the office, not for the first year at least. The reason, again, is to establish the continuity of the practice—nothing's changed except the dentist.

 Request the selling dentist to send a letter to all patients announcing the changeover the day he steps out of the practice.
 Don't have him introduce you personally.

I know that's contrary to most of what's been written on the subject. But the results that we've seen, documented by hundreds of practice sales, are too clear to be doubted.

BUY OR SELL A PRACTICE

The letter should tell the reason for the sale (such as death or retirement), introduce the buyer and tell something about his personal history, and tell about the disposition of the outgoing dentist's records and X-rays. It should be signed by the outgoing dentist or his widow.

Cost of Practice

Now comes the key question: What should a practice cost? This is customarily figured at the fair market value of furniture, fixtures, and equipment, *plus* one-quarter to one-half of the net earnings (after expenses) of the prior twelve months.

For example, if the tangible equipment is valued at \$7,000 and the man netted \$20,000 the year before, you might pay anywhere between \$12,000 to \$17,000 for the practice. Of course, there are special circumstances that might make it worth more or less than that. As I've mentioned, if the selling dentist had been dead more than a month, normally the practice isn't worth more than the \$7,000 value of the equipment. And if a practice

has an unusually good location and promise of future growth, you might be willing to pay a bit more than \$17,000. But that won't happen often.

To check on the outgoing dentist's income, just ask to see a copy of his last income tax return.

If a professional business consultant is available to help you evaluate the desired practice, by all means use him. He'll save you time and money in making the transaction effective. And he will try to achieve that "meeting of minds" between buyer and seller that will be fair to both.

Legal Problems

Now how do you go about the legalities?

You don't! Don't try to handle the purchase (or the sale) of a practice without a lawyer. You need his special knowledge to keep you clear of entanglements. And he will be looking out for your interest when the final papers are drawn.

Among the legal problems to be handled:

The lease. You should make

sure, if the office is in rented quarters, that you can take over the seller's lease. The accounts receivable. These normally remain the property of the seller. But the buying

What is a Dental Practice Worth?

Here are some practices that recently changed hands. Judge for yourself what you think they should bring, then check page 57 for the actual sales prices:

PRACTICE A: The dentist had just spent a good deal of money in leasehold improvements, but now had decided to retire. The undepreciated value of the physical assets was \$13,000. The net income was about \$28,000 a year on a gross of \$50,000. The practice was general, but included a good deal of work on fixed bridges and Chayes attachment cases.

PRACTICE B: This practice showed a net income of \$33,000 a year in a wealthy suburban community. Almost all the equipment was old, but was in excellent working order and worth about \$6,000. The rent was low because the dentist had paid for all leasehold improvements himself. The practice was being sold because the dentist had died.

PRACTICE C: This was an orthodontia practice. The tangible equipment was worth about \$4,000 and the seller had \$20,000 in contracts still to be completed. The selling dentist wanted to move to another community.

BUY OR SELL A PRACTICE

doctor agrees to collect and remit them to the seller.

The restrictive clause. This prohibits the selling doctor from practicing in the neighborhood for a period of years. Such a clause doesn't always stand up in court if unduly restrictive, but it's a good thing to have anyway.

Patient complaints. There's bound to be some remakes and patient complaints about the seller's work after he steps out. The sales agreement should say how they're to be treated.

Other Legal Traps

And there are other legal traps along the way. For example, a seemingly-simple thing like the way the different elements of the practice are valued can cause trouble. In one recent practice transfer I know about, the sales contract specifically broke the \$15,000 selling price to \$10,000 for the furniture and equipment, \$5,000 for goodwill.

What's wrong with that? The \$10,000 for equipment is a capital expense, and can be claimed in annual depreciation deductions. But "goodwill" doesn't depreciate; you can't claim a tax deduction for it.

Conflicting Decisions

Tax decisions on the treatment of goodwill are so conflicting that you should turn to your local professional management man, accountant, or lawyer for advice. The \$5,000 might be called a payment to the seller for his efforts in consulting with you after the take-over, or for his efforts in transferring the patients, or it might be classified as payment for the covenant not to compete with you. The complexion of these tax decisions changes almost daily.

As a final guide for you when searching for a practice, look for:

- A selling dentist with an enviable reputation and an income worth duplicating.
 - 2. An active volume practice.
- A good location in a thriving community.
- 4. Fair amount of professional competition.
- 5. Equipment in good working order.

Fast Facts About



Convention Deductions

You know that your convention expenses are tax deductible. But are you sure you're making the most of the deduction, and have ready proof to back it up?

BY RONALD KING, LL.B.

ONE day, perhaps six months from now, you'll have to wrestle with Form 1040 to claim a tax deduction for your dental convention trips. And on another day, perhaps two or three years from now, you may be called upon to prove it.

Of course, professional conventions are an ordinary and necessary part of your dental practice. As such, your convention expenses are tax deductible. But now, when the trips are fresh in your mind, is the time to record your deductions and establish your right to them.

These are the questions dentists most often ask me about convention deductions:

Q. What expenses can I deduct for a convention trip?

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CONVENTION DEDUCTIONS

A. Just about everything necessary for you to make the trip. That includes the obvious things like the cost of transportation, hotel accommodations, registration fees, and meals. It also includes a few less obvious things like tips, professional entertaining, and local taxes.

If you're attending the American Dental Association meeting this month, for example, keep your eye open for the Pennsylvania sales, cigarette and liquor taxes, and the Philadelphia taxes on amusements and hotel occupancy. All are tax deductible.

As part of your convention equipment, pack along a little black book. In it, record all the little expenses you won't get receipts for. That includes such things as cab fares, phone calls, parking charges and restaurant meals. If your major convention expenses are all receipted, your little expenses listed in the diary shouldn't be disputed.

Q. What's the best way to keep my convention expense records?

A. A simple envelope will do very nicely. Drop into it all your

receipts, cancelled checks, and credit card bills for the trip. Include a copy of the convention program, with the sessions you attended checked off. And, of course, drop in your little black book.

Q. My wife's coming with me on my convention trip. What, if anything, can I deduct because of her?

A. Generally, not a thing. Even if she helps along by packing and preparing for the trip, attending some of the practice management sessions, or even by working in the ladies auxiliary, you probably won't be able to claim her expenses.

In the cold gray prose of the Internal Revenue Service: "The wife's performance of some incidental service does not cause her expenses to qualify as deductible business expenses." The test: Is her presence at the convention really necessary to your practice? With rare exceptions, the answer is No.

Q. If that's the case, how do I allocate the expenses we share together, like hotel accommodations and transportation. Cut

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Yours FREE—if you act at once (only a few hundred copies are left)—the report that shows you how doctors earning \$15,000 to \$20,000 a year can build a quarter of a million dollars free of taxes. It shows you the 8 specific ways you can do this—the 8 tax strategies designed especially to he!p people in the dental profession. They are:

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- Three little-known tax techniques that can increase your annual NET INCOME by almost 10%. (One doctor was able to increase his net income by more than \$2500, simply by changing his billing methods!)
- How to shift portions of your income to other members of your family who are in lower tax brackets.
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You see exactly how your fellow doctors are going into real estate, stocks and bonds, agriculture, mining, oil and other fields which enjoy a favored tax status—the pitfalls to avoid—the steps that lead you to riches after others have worked them out by trial-and-error.

In addition to twice-a-month reports that x-ray tax laws and court rulings that affect doctors, you get 6 WEALTH-BUILDING HANDBOOKS each year that point the way to areas rich in capital-building potential for today's doctor.

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Also send at once the special report, A METHOD FOR PUTTING AWAY \$250,-000—TAX FREE.

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CONVENTION EXPENSES

them down the middle?

A. No, and it's here that the little woman can be a great tax saver. You can claim whatever it would have cost you to make the trip alone. That should be far more than half the total cost.

Suppose, for example, a single hotel room costs \$14 a night, but you and your wife share a double at \$20 a night. You can claim the \$14 that the room would have cost if you'd gone alone.

Or, suppose you and your wife travel together to the convention on one of these family plans the railroads and airlines now offer. You can claim the cost of a single fare, which is a good bit more than half of the total tab.

If you're travelling by car you can deduct the entire cost, since you would have spent the same if you'd gone alone. Same thing goes for things like taxi fares around town, tips, baggage charges, and so forth.

Q. Suppose I stay an extra day in Philadelphia to see some friends and take in a show. How does that affect my tax deduction? A. It shouldn't affect it at all. Of course, you can't deduct your meals and lodging for that extra day you spend vacationing. But you'll still be allowed all the same deductions for the time you spent at the convention.

Q. What if I spend an extra couple of weeks vacationing after the convention? Does that affect my deduction?

A. It very well might. If your stay at the convention was only an incidental stopover on a vacation trip, you won't be able to claim any of your transportation costs.

For example, suppose you spent two days in Philadelphia at the convention and the following two weeks at a nearby vacation resort. You could deduct meals and lodging for the two days at the convention, but you'd face a fight if you also tried to claim your transportation costs. Undoubtedly, the I.R.S. would insist you traveled to the area primarily for a vacation, not for a convention. And because of that, you couldn't claim your transportation expenses.



Washington Spotlight

Down for the count: The Keogh Bill seems to be dead for this year again, the tenth in a row. It passed the House but, as predicted, ran into heavy weather in the Senate. The bill would cost the Treasury an estimated \$358-million a year in taxes. With a \$3-billion budget deficit in prospect, this just wasn't the bill's year. But it's sure to come up again next session.

The I.R.S. will have an additional 3,365 helping hands—mostly new tax auditors—to review next spring's crop of tax returns. For each dollar of salary it pays the new men, the Treasury expects to harvest \$5.

"Free" health care is getting more expensive all the time. In England, false teeth cost only \$14 and prescriptions only 28 cents. But the National Health Service now costs the country about \$2.2-billion a year. That's double the initial price and about 14 per cent of all government spending. In its last report, the Ministry of Health expressed "concern" over the rapidly mounting costs.

Replacing old equipment? If you sold it separately for more than the remaining tax value, you used to get a capital gain break on the profit. But not any longer. When

DENTAL MANAGEMENT . OCTOBER 1961

WASHINGTON SPOTLIGHT

you buy and sell through the same dealer, says the I.R.S., the transaction will be regarded as a trade-in—no matter what you call it. So your paper profits on the old equipment will serve to cut down how much you can depreciate on the new.

You can stretch your duty-free customs allowance if you travel abroad. Congess just dropped the limit from \$500 down to \$100 per person. But you can mail off as many gifts to as many people as you want, up to a maximum of \$10 a day to each person. There's no duty to pay, and the gifts aren't charged against you.

How "average" is your tax return? According to the latest I.R.S. figures, men in the \$15,000-\$20,000 income bracket who itemized on their '59 returns claimed an average of \$2,692.19.

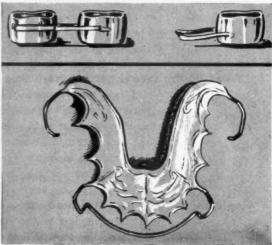
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Bargains In Older Houses?



Dollar for dollar, used houses are your best shelter buy. But first check the eight common defects they're likely to have

BY ARTHUR M. WATKINS

WHEN you buy a used house, you generally step right into an established neighborhood. The trees are big, the storm windows are installed, and the tax rates are stable. Best of all, you can get up to twice as much pure living area for every dollar you spend.

Bargain? Often, but not always. Once you add in the needed improvements, you may find yourself with a Trojan Horse. And the older the house, the more likely it'll need major repairs. So your first step in assessing a used house is to find out when it was built. Once you

The author was formerly associate editor of House and Home and Architectural Forum Magazines. This article is drawn from his book, "How to Judge a House" (c) 1960 by Arthur M. Watkins, and published by All About Houses, Inc., Piermont, N. Y., Price, \$1.

BARGAINS IN OLDER HOUSES?

know that, these are the important things you should check:

1. Inadequate wiring. This is the most widespread flaw. New York City's Home Inspection Consultants, Inc., found that of 1,000 homes over ten years old that it inspected, 84 per cent had inadequate wiring.

Look for a three-wire, 220-volt, 100-ampere capacity main electric board, more for large houses or if there is an electric range. New wiring will be needed if the existing board is only 30 or 60 amperes in capacity. If there are

fewer than six or eight circuits (fuses) you are likely to need more. And are there enough electric outlets, particularly in the kitchen, and light switches?

New wiring will cost from about \$250 up to \$1,000 for a typical old house. Figure \$150 to about \$350 for a new electric service and main board; plus \$5 to \$8 for each new outlet and light switch needed; \$25 to \$50 for each special circuit for such things as a clothes drier or air conditioner. These are approximate costs; only an electrician can give you a firm bid.

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tion, Massachusetts South Shore, within one block of ocean on main residential street. Ideal location for opening new practice. Corner lot, with ample parking facilities. 5 bedrooms, one full, 2 half baths, kitchen, full dining room, sitting room, double living room with brick fireplace. Priced for immediate sale—best offer. Write to Box 788, c/o Dental Management, Ridgeway Center Bldg., Stamford, Conn.

Beware of Termites

2. Termite damage and wood rot. These occur mostly in houses more than five to ten years old, and are hard to detect unless you are an expert. So hire a termite specialist to check the house before you buy. Many FHA and VA offices require this before they will approve a mortgage on an old house. Ask for a check on wood decay, too.

A termite check calls for careful probing of the foundation and base wood structure of a house.



Insulating older houses is difficult and expensive. Here insulating material is being blown into holes cut in the walls. Total cost: up to \$500.

A probing tool such as an ice pick is used. If a beam is eaten away inside, the pick normally will sink into it and tell you so, but not always.

A telltale sign of termites is their flattened mud tunnels leading up a foundation wall into the house. But termites can be present without visible signs so don't feel safe because there is no exterior evidence of their presence. On the other hand, don't give up a house and flee just because there are termites. The damage is not always extensive. Cost of repairing termite damage can range from about \$150 to \$5,000

Old-style gravity furnaces have a short life expectancy. Replacing one can cost you as much as \$5,000.

or more. That is why a careful check should be made in advance.

3. Rundown heating. This depends largely on house age and



BARGAINS IN OLDER HOUSES?

type of heating. Many houses over twenty-five years old were built with a coal heating plant which may have been converted to oil or gas.

If the original hot water or steam heat is still in a house twenty-five years or older, how much longer it will last is questionable. Look on the boiler nameplate to see if it is cast iron or steel. The cast iron kind is likely to last longer. Look inside for signs of cracking, and around the exterior base for rust and general deterioration.

If the heater is an old-fashioned hot air gravity furnace with no fan, it, too, is likely to expire at any time.

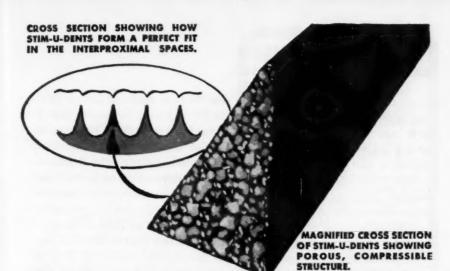
Is Unit Too Small?

A heating plant in a house only ten or fifteen years old also can be troublesome. Sometimes the unit may be too small for the house. The best way to check it is to visit the house on a cold day. Have the system turned on. Set the thermostat up to 80 degrees and listen for operating noise. How long does it take for heat to

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BARGAINS IN OLDER HOUSES?

reach each room after starting? A warm air system should provide heat within ten or fifteen minutes, a hot water or steam system within a half hour.

Also take the name and phone number of the heating dealer who services the system. This is usually noted on or near the heating unit. Ask him about the system. What kind of repairs are needed? How long will the system last? He may or may not come clean with you, but what you may learn is worth the effort.

Installed cost of a new warm

air furnace *starts* at about \$500 to \$750; a new hot water boiler from \$750 to \$1,500. The cost of a complete new heating system, if needed, can run from \$1,500 to \$5,000, depending on house size.

4. The faucet hot water heater. Is it a separate hot water heater and tank? Or an indirect domestic hot water heater which is part of the regular boiler? If it is a separate tank heater, check the name plate for capacity and type. A family of three, with a washing machine, needs a 30-40 gallon hot water heater. A family of six needs from 50 to 65 gallons.

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May we do you a favor, Doctor?

We'd like to pass along to any or all of our advertisers your interest in their product or services and your request for samples and/or literature. This way, you won't need to clip individual coupons from your copy of DENTAL MANAGEMENT, and possibly mutilate any article you'd like to retain.

A handy form on page 64 enables you to take advantage of our special Service to Readers. Check your wants, sign your name and mail this page to us now.

Open the little door at the base of the tank where the pilot light and burner mechanism are and look for signs of rust or leaks in here; use a flashlight. These are the first indications of trouble brewing.

Hot Water Supply

The condition of a domestic hot water heater is hard to ascertain unless you are an expert. The most common complaint about them is insufficient hot water. If possible, see if its heating capacity is given in gallons of hot water supplied per minute (gpm). Installed cost of a new hot water tank heater ranges from about \$135 to \$185 for a good 40 to 50 gallon, gas-fired model, more for electric units.

5. Inadequate insulation. Most houses built before the 1940's were built without any insulation. Many houses built from World War II up to around 1955 were built with attic insulation but little or no wall insulation. Most houses built since 1955 got both wall and ceiling insulation, though not necessarily enough. Regardless of age, most houses

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BARGAINS IN OLDER HOUSES?

with masonry or brick walls have no wall insulation.

Attic insulation normally can be seen at the attic floor. Ask if wall insulation has been blown into the walls. During cold weather you can get an indication of wall insulation by holding your hand against the inside surface of an exterior wall. Then hold your hand against an interior partition. The exterior wall should not feel much colder than the inside wall. If it does, much heat is leaking out; there is little or no insulation.

Average cost of insulating an existing house runs about 20 cents to 30 cents per square foot of gross exterior wall surface, plus

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about 10 cents per square foot for the attic floor. Total cost: from \$250 to \$500 for a typical existing house (less for new houses).

6. Poor plumbing. Common troubles are inadequate water pressure due to corroded pipes, and an inadequate septic tank system. Bad plumbing is mostly a problem in houses with iron or steel pipes that are twenty-five years old or older. Copper, brass, and bronze pipes will last much longer but were nc' introduced until about 1940. Can tell if the pipes are iron or steel with a magnet. They will attract the magnet, but copper, brass, or bronze will not.

Test for Pressure

Test for water pressure by turning on the faucets in the kitchen, laundry, and baths. Faucets in the top floor bathroom are the best indicators. Turn on all faucets and flush the toilet at the same time. If the water hardly comes at all you can expect plumbing woes.

Is there a septic tank, a cesspool, or a city sewer? If no public sewer, be particularly cautious even if the house is comparatively new. Overloaded septic tanks and cesspools have become a major problem in many areas.

Septic tank problems are also more likely in a house with an automatic washing machine and several children. When was the septic tank or cesspool last cleaned? Cleaning is normally needed every three or four years. Who did the cleaning? Call him and ask about the condition of the tank.

Another source of information about septic tank problems is the public health people. They can often tell you if such problems are prevalent locally. New plumbing costs can vary greatly. Figure at least \$500 to \$1,000, but get a plumber's estimate. Septic

What is a Dental Practice Worth?

(See page 39)

PRACTICE A: \$20,000
PRACTICE B: \$15,000
PRACTICE C: \$10,000

BARGAINS IN OLDER HOUSES?

Is your address correct?

Please check label on wrapper. In event of error, sign and return this coupon, so you will be sure to receive DENTAL MANAGEMENT

tank repairs may run from \$100 to \$1,000.

7. Roof and gutters. What kind of roof and how old is it? An asphalt shingle or built-up roof on a flat or low slope will often need repairs or replacement if it is more than ten to fifteen years old. Walk around the house to inspect the roof and gutters. Look for broken or missing shingles. Note the condition of the horizontal gutters, especially if they are wood. Are the gutters clogged with leaves, or

clean and well maintained? The best time to check for roof leaks and bad gutters is during a heavy rain. Check inside of the attic for leaks too.

Cost of patching a roof may run from \$50 to \$250. A new asphalt shingle roof will cost from \$300 for a small house to about \$750 for a house of about 2500 square feet of roof area, more for better roofing or larger houses.

8. Wet basements. The usual signs are dark stains on the cellar walls and floor, and flaky cement

DENTAL MANAGEMENT • OCTOBER 1961

on the walls. Look also for dry rot in the basement ceiling beams and structure and for mildew. Check the condition of the exterior foundation walls around the house. Are there cracks and signs of water penetration? Correcting a wet basement condition is often expensive and sometimes impossible if the house was not properly built. It can cost \$500 and up, depending on the house.

Those eight items are the major trouble areas in older houses. But there are a few other things to look at as well. Check the condition of the walls. Is painting required? If a new kitchen is needed, is there enough space for remodeling? Do appliances come with the house, and how old are they? Will your car fit in the garage? What's the shape of the driveway and what about sidewalks?

All of those possible deficiencies can add many thousands of dollars to the cost of your "bargain" house. There are some fine buys to be found among used homes. But you'll have to be on your toes to get one of them. END

Good Samaritan

Early one winter morning, a man and a young boy appeared at my door. The boy was holding his jaw and appeared to be in pain. I seated him, and extracted the offending molar. The lad stepped into the waiting room to recover, and the man said that he had a toothache also. As I laid out fresh instruments, I heard the front door close.

"Do you want to pay for your son's treatment now?" I asked.

"Son? I never saw him before. He asked me where he could find a dentist. I needed one also, so I helped him look."—Louis L. Binder, D.D.S., Philadelphia, Pa.

The

MAILBAG

Too Confusing

Dear Sir:

Your article, "Too Confusing For Words," is precisely why a layman might think of a dentist as a highly skilled mechanic.

I once lost a "good" patient too, the president of this-andthat. At his position in life, he should have been able to understand periodontitis, gingivitis, malocclusion, but he did not. His prior dentist talked "baby-talk"! But he understood (and could pronounce very distinctly and correctly) tonsillitis, scarlatina, appendectomy, laryngectomy, meningitis, diphtheria, tuberculosis, and even arteriosclerosis and poliomyelitis! But "caries"! Never heard of it. Why? Because of men in the dental profession who need it pointed out to them that the average dental patient is intelligent enough to understand dentistry as well as medicine. Because of men (dentists) who write so-called professional articles in your magazine rhetorically geared to an eighth-grade mind.

It is always upsetting to me to hear a dentist use the word "gums," but when a dentist writes of the "cost of filling her cavities" my evening is ruined.

If a dentist has patients who are "good" patients but who nonetheless cannot understand dentists, he should keep his mouth patiently closed until the patient learns from another source the meaning of such stultifying (?) sticklers as caries, gingiva, prosthesis, prophylaxis, and periodontal disease. Then the patient would be a truly good patient who might look at dentistry and dentists a bit more intelligently and respectfully.

E. W. Salvo, D.D.S. Natchez, Miss.

Dear Sirs:

Sharing office space with an M.D., I read his *Medical Economics* magazine and often wondered why the dental profession

didn't have a similar publication. I think you have the answer. I'm of the opinion dentistry is too technique-minded and doesn't give emphasis to economics.

Ralph T. Boccella, D.D.S. Bristol, Pa.

Good Paying Habits

Dear Sirs:

All the so-called experts on dental economics I have seen or listened to stress selling and collecting from the patient. This is fine, but the way to make the doctor adhere to these tenets is to teach him to pay HIS accounts properly.

I have yet to see a dentist with good paying habits who wasn't also successful in his office and home. After all, it doesn't make sense to ask someone for money owed you, while at the same time retaining money owed others.

From a strictly investment standpoint, the 2 per cent discount for prepayment offered by most supply houses is a bigger dividend producer than any stock you can buy. A man who uses \$100 of supplies per month and pays his account each month gets no dividend other than the supplies. If he will just take \$98, prepay his account for one month and renew it each month he will have twelve times the \$2 discount, a 24 per cent return.

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THE MAILBAG

Office Wives

Dear Sir:

Many office wives would be furious over the article, "My Wife in the Office?" Not I! May I show you my side of the picture?

One noontime, my husband called and informed me he had just discharged his assistant, and could I come right down and fill in for a while. The "while" turned into a year and a half stint. Without question, I was the best paid dental assistant, and the least prepared one, in the city. I was my own severest taskmaster, and refused to leave the office until everything was done and in order for the next day.

I cannot deny that it was fun working with my husband; that I felt a glow of accomplishment as I became more efficient. Each day I tried to find ways in which I could ease the work for him, and make the patients more comfortable. Other dental assistants in the building taught me their pet work tricks; I even took a course toward earning a C.D.A.

Suddenly it dawned upon me

that dentistry had swallowed us up. All our activities revolved around it; our vacation was geared to the place and date of the ADA meeting; the friends we saw most of were dentists and their families; my personal friends were losing touch with me because my time was no longer my own, but circumscribed by the demands of a thriving dental practice. The office came first and foremost.

Enough is enough, and I have had it! Come 1962, I'm going to cut the dental floss that binds me.

Dentist's Wife Omaha, Neb.

More Meat

Dear Sir:

Congratulations on your fine magazine. The practicing dentist has needed something like this for a long time. It is quick and easy to read as well as being informative. I was bored poring through pages and pages of literature to get to the "meat" of an article.

Richard E. Moffitt, D.M.D. Corvallis, Ore.

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The Dental

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